

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-007414

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

164

Primary Registration District No.

3037

Registrar's No.

26

STATE FILE NUMBER

FILED FEB 25 1963

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Johnson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Warrensburg, Missouri</b>		c. CITY OR TOWN <b>Leeton, Missouri</b>	
Length of stay in 1b <b>6 days</b>		Inside Limits <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Warrensburg Med. Center</b>		d. STREET ADDRESS (If outside, give location) <b>Rural Route 2</b>	
Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>Eddie Zumalt</b>		4. DATE OF DEATH Month <b>2</b> Day <b>17</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-25-1950</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <b>Student</b>	
11a. FATHER'S NAME <b>Floyd Zumalt</b>		11b. MOTHER'S MAIDEN NAME <b>Anna Lovene Farrier</b>	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		12b. SOCIAL SECURITY NO. <b>[REDACTED]</b>	
13. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pneumonitis, acute</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b>Poliomyelitis</b> DUE TO (b) <b>[REDACTED]</b> DUE TO (c) <b>[REDACTED]</b>		14. NAME OF HUSBAND OR WIFE <b>Floyd Zumalt</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <b>2:40 a.m.</b> Month, Day, Year <b>2-17-1963</b>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <b>Warrensburg, Missouri</b>		COUNTY <b>Johnson</b> STATE <b>Missouri</b>	
21. I attended the deceased from <b>9-22-1951</b> to <b>2-17-1963</b> and last saw him alive on <b>2-17-1963</b> Death occurred at <b>2:40 Am</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>MD</b>	
22b. ADDRESS <b>Warrensburg, Missouri</b>		22c. DATE SIGNED <b>2-18-1963</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>2-19-1963</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Mineral Creek Cemetery</b>		23d. LOCATION (City, town, or county) <b>Leeton, Missouri</b>	
24. FUNERAL DIRECTOR <b>The Brauntingers, Warrensburg, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Feb. 18, 1963</b>	
26. REGISTRAR'S SIGNATURE <b>Savannah Cantorfield</b>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR  
TYPEWRITER RIBBON

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

MAR 19 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*R. B. Braudner*

Licensed Embalmer No.

3377

P. O. Address

*Warrensburg, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license)

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.